



**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#1511  
85  
12/11/03

In re the Application of

Marian A. DEVONEC

Group Art Unit: 3763

Application No.: 09/826,207

Examiner: C. Rodriguez

Filed: April 5, 2001

Docket No.: 039179.01

For: THERAPEUTIC DEVICE FOR THE SELECTIVE CYTOREDUCTION  
TREATMENT OF AN OBSTRUCTION IN A NATURAL LUMEN OR  
PASSAGE OF THE HUMAN OR ANIMAL BODY

**FIRST SUPPLEMENTAL AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
DEC 12 2003  
TECHNOLOGY CENTER R3700

Sir:

In reply to the November 19, 2003 Notice of Non-Compliant Amendment, please  
consider the following:

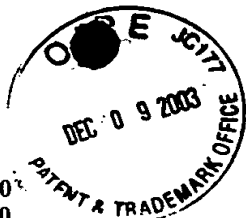
**Amendments to the Claims** as reflected in the listing of claims; and

**Remarks.**

12/11/2003 MREKONEN 00000089 09826207

01 FC:1201  
02 FC:1202

86.00 OP  
36.00 OP



OLIFF & BERRIDGE, PLC  
P.O. Box 19928  
Alexandria, Virginia 22320  
Telephone: (703) 836-6400  
Facsimile: (703) 836-2787

**PATENT APPLICATION**

Attorney Docket No.: 039179.01

**AMENDMENT TRANSMITTAL**

In re the Application of

Marian A. DEVONEC

Group Art Unit: 3763

Application No.: 09/826,207

Examiner: C. Rodriguez

Filed: April 5, 2001

For: THERAPEUTIC DEVICE FOR THE SELECTIVE CYTOREDUCTION  
TREATMENT OF AN OBSTRUCTION IN A NATURAL LUMEN OR  
PASSAGE OF THE HUMAN OR ANIMAL BODY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

| (Column 1)   |                                  | (Column 2)                      | (Column 3)    | SMALL ENTITY. |           | OR | OTHER THAN A SMALL ENTITY |           |
|--|----------------------------------|---------------------------------|---------------|---------------|-----------|----|---------------------------|-----------|
|  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE          | ADD'L FEE |    | RATE                      | ADD'L FEE |
| TOTAL CLAIMS   | *110 MINUS                       | **108                           | = 2           | x 9           | \$        | OR | x 18                      | \$ 36.00  |
| INDEP CLAIMS   | *11 MINUS                        | ***10                           | = 1           | x 43          | \$        |    | x 86                      | \$ 86.00  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |                                 |               | + 145         | \$        |    | + 290                     | \$        |
|  |                                  |                                 |               |               | \$        |    |                           | \$ 122.00 |

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 149064 in the amount of \$122.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

William P. Berridge  
Registration No. 30,024

Melanie L. Mealy  
Registration No. 40,085

WPB:MLM/jam

Date: December 9, 2003